

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3445-62-022886  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 JUL 16 1962 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital, K.C., Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>3905 Meadow Lane</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>NATHAN</b> Middle <b>T.</b> Last <b>BROGDON</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>28</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-2-87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>B LACKSMITH</b>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>MARION, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>NATHAN BROGDON</b>		13b. MOTHER'S MAIDEN NAME <b>LITZA BOONE</b>	
14. NAME OF HUSBAND OR WIFE <b>YUBA BROGDON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address <b>Official Records VA Hospital, K.C., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction and thrombosis of auricular appendages</b> DUE TO (b) <b>Coronary atherosclerosis, advanced</b> DUE TO (c) <b>Mucous bronchitis, bronchopneumonia RLL and pulmonary</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>emphysema</b> <b>Acute fibrinous pericarditis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>6:25</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>	
20f. CITY, TOWN, OR LOCATION <b>VA</b>		COUNTY <b>JACKSON</b> STATE <b>MISSOURI</b>	
21. attended the deceased from <b>June 25, 1962</b> to <b>June 28, 1962</b> Death occurred at <b>6:25 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Stephen Marks</b> (Deputy or Title) <b>M.D.</b>	
22b. ADDRESS <b>VA Hospital, K.C., Mo</b>		22c. DATE SIGNED <b>6-29-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>6-30-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Memorial Garden</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City North Mo.</b>
24. FUNERAL DIRECTOR <b>Sheil Funeral Home</b>	ADDRESS <b>K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-30-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

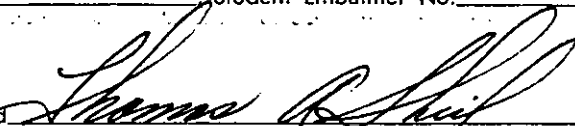
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4954

P. O. Address J.C. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.